

Membership Application Form

APPLICANT 1 - Please Print Clearly

First Name

Middle Name

Last Name

Date of Birth (mm/dd/yyyy) optional SSN last 4 digits

Mailing Address (include care of)

City

State Zip + 4

Phone (xxx-xxx-xxxx)

Email

Mailing Preference: Email

USPS

We protect the personal information provided by member applicants and will not give, sell or transfer such data to any un-affiliated organization.

APPLICANT 2 - Please Print Clearly

First Name

Middle Name

Last Name

Date of Birth (mm/dd/yyyy) optional SSN last 4 digits

Mailing Address (include care of)

City

State Zip + 4

Phone (xxx-xxx-xxxx)

Email

Mailing Preference: Email

USPS

Submitted By:

Phone:

Email:

PAYMENT for Lifetime Membership is \$50 per person

Enclosed is a check payable to "People's Memorial Association," or provide credit card information below:

Expiration Date:

/

Security Code:

Billing Zipcode:

Cardholder Name

Card #

RECORD SCANNING is an optional People's Memorial service to scan and store an electronic copy of your Disposition Authorization and other funeral paperwork for access by the contracted funeral home of your choice at time of death.

Yes, I wish to purchase _____ Record Scanning/s at \$25 per person.

DONATE TODAY - Your PMA membership covers only a portion of our operations and programs. Please help us further our mission and consider a tax deductible gift in addition to your membership fee.

Yes, I'd like to make a donation of \$_____ to PMA.

Please Return Completed Form To:



**People's Memorial
Association**

1801 12th Ave Suite A, Seattle, WA 98122